

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3070**

Registration District No. **423**

Primary Registration District No. **5578**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County **JEFFERSON**
(b) City or town **RURAL ROCK**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **KIMMSWICK MO**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community **LIFE** years, months or days)

8. (a) PRINT FULL NAME **BARBARA HAMPEL**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **WILLIAM HAMPEL** 6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **AUG. 18 1868** (Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **10** If less than one day
- hr. - min.

9. Birthplace **JEFFERSON Co. Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

MOTHER FATHER { 12. Name **FRANK SCHEMAN** 9
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **BARBARA KREZEL**
15. Birthplace **GERMANY** (City, town, or county) (State or foreign country)

16. (a) Informant **MR. WILLIAM HAMPEL**
(b) Address **KIMMSWICK MO.**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **JAN. 31, 1941** (Month) (Day) (Year)

(c) Place: burial or cremation **ST. JOSEPH'S CEM. KIMMSWICK MO**

18. (a) Signature of funeral director **HEILIGTAG FUNERAL HOME**

(b) Address **KIMMSWICK MO.**

19. (a) **Jan 30 1941** (Date received local registrar) (b) **Phil J. Tirk** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **JEFFERSON** **50**
(c) City or town **NEAR KIMMSWICK MO** **0**
(If outside city or town limits, write "RURAL") **RURAL**
(d) Street No. _____ (If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **28**
year **1941** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 1939** to **Jan 28 1941**
(that I last saw him alive on **Jan 28** 1941 and that death occurred on the date and hour stated above.)

Immediate cause of death **Chr. myocarditis**

Due to _____

Due to **Serility** **1/28**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underlines the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **384**

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature **O. Reich M.D.** (M, D. or other) **D**
Address **Kimmswick Mo.** Date signed **1/29/41**

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed..... *Arthur W. Heiligter*

Licensed Embalmer No. *38920*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.